


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010483 1. Entity Name BELLA VISTA, LLC			
Principal Place of Business 599 WEST PUTNAM AVENUE GREENWICH, CT 06830		Mailing Address P.O. BOX 4961 ORLANDO, FL 32801	
2. Principal Place of Business Brandywine Centre, 580 Village Blvd. Suite, Apt. #, etc. Suite 120		3. Mailing Address Suite, Apt. #, etc. <div style="font-size: 2em; text-align: center;">DK</div>	
City & State West Palm Beach, FL		City & State <div style="font-size: 2em; text-align: center;">DK</div>	
Zip 33409	Country	Zip	Country
4. FEI Number 06-1684640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRG GP LLC BRANDYWINE CTR 1, 580 VILLAGE BLVD., #120 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
By: TRG GP, LLC its sole member		2/10/05 203869-0900	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Daytime Phone #	

Kristin M. Miller, President

FILED
 05 FEB 14 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

